

EXHIBIT C

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|---|--|--|---|---|--|
| Agency: NEW ROCHELLE POLICE DEPT | | Case 7:19-cv-00265-NSR-VR Document 97-3 Filed 07/26/22 Page 2 of 4 | | New York State | |
| Incident # 05904 | | DOMESTIC INCIDENT REPORT | | Incident # EU# 68365-18 | |
| Reported Date (MM/DD/YYYY) | Time (24 hours) | Occurred Date (MM/DD/YYYY) | Time (24 hours) | <input type="checkbox"/> Officer Initiated | <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in |
| 12/15/2018 | 1007 | 12/15/2018 | 1000 | <input type="checkbox"/> ICAD (NYC) | Complaint # CR# 6162-18 |
| Address (Street No., Street Name, Bldg. No., Apt No.) | | | | City, State, Zip | |
| [REDACTED] | | | | NEW ROCHELLE NY 10801 | |
| Name (Last, First, M.I.) (Include Aliases) | | | | DOB (MM/DD/YYYY) | Age: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male |
| SOLOMON, JENNIFER S. | | | | [REDACTED] | 43 |
| Address (Street No., Street Name, Bldg. No., Apt No.) | | | | Language: ENGLISH | |
| [REDACTED] | | | | <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown | |
| How can we safely contact you? (i.e. Name, Phone, Email) | | | | <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier: | |
| Name (Last, First, M.I.) (Include Aliases) | | | | DOB (MM/DD/YYYY) | Age: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male |
| FISHMAN, MARC H. | | | | [REDACTED] | 45 |
| Address (Street No., Street Name, Bldg. No., Apt No.) | | | | Language: ENGLISH | |
| [REDACTED] | | | | <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown | |
| Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole | |
| Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown | |
| Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | | Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner | | | | Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other: | | | | | |
| Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: FRUSTRATED | | | | | |
| What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I JUST NED SOM HELP. | | | | | |
| Did suspect make victim fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: | | | | | |
| Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe: | | | | | |
| Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | | | |
| Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | | | |
| In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | | | |
| Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Loss of Consciousness <input type="checkbox"/> Urination/Defecation | | | | | |
| <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing | | | | | |
| Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: | | | | | |
| What did the SUSPECT say (Before and After Arrest): I WAS ALLOWED TO SEE MY CHILDREN. | | | | | |
| 710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Child/Witness (1) Name (Last, First, M.I.) | | DOB | Child/Witness(1) Address (Street No., Name, Bldg./Apt) | City, State, Zip | Phone: |
| FISHMAN, JOANNA | | [REDACTED] | [REDACTED] | NEW ROCHELLE NY 10801 | |
| Child/Witness (2) Name (Last, First, M.I.) | | | Child/Witness(2) Address (Street No., Name, Bldg./Apt) | City, State, Zip | Phone: |
| FISHMAN, ADEN | | | [REDACTED] | NEW ROCHELLE NY 10801 | |
| Briefly describe the circumstances of this incident: SEE DETECTIVE NARRATIVE. | | | | | |
| DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away | | | | | |
| Evidence Present? | Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury | | Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos | | Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: | | <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: | | If yes, Describe: |
| Offense Committed? | Was suspect arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Offense 1 | Law (e.g. PL) | Offense 2 |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no, explain: | | CONTEMPT | P.L. | 1/2 |

POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS

Complaint #
CR# 6162-18

Long and ongoing issue with continued court cases

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Beaten you while you were pregnant? ☐ Yes ☒ No

☐ Yes ☒ No

If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522.**

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if **NO**, Why:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

Det. A. W. Bishop

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur:

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Date _____

Date _____

Date _____

Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

Of

REPORTING OFFICER NARRATIVE

New Rochelle Police Department

OCA

18-006162

Victim

SOLOMON, JENNIFER

Offense

CRIMINAL CONTEMPT-2ND:DISOBEY

Date / Time Reported

Sat 12/15/2018 13:21

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

At approximately 1000Hrs I responded to [REDACTED] in regards to a V.O.P that had just occurred. Upon arrival R/O interviewed Ms. Solomon who stated her ex husband Mr. Fishman had just came to the residence. Mr. Fishman was observed driving by the house at a slow rate of speed (He was passenger in the vehicle). He then stopped the vehicle near the driveway on the Howard Parkway side, exited the vehicle and attempted to yell and make contact with his son J/ Fishman, Jonah ([REDACTED]). At that time Ms. Solomon ordered J/ Fishman into the house and ceased all contact. Ms. Solomon at this time displayed an active Order of Protection (Stay Away) File #131794; Docket #'s V-08187-14/15B, V-08186-14/15B, V-08188-14/15B, V-08189-14/15B issued by Judge Schauer from Yonkers Family Court (Exp. 06/27/2019).

Ms. Solomon further stated and displayed a comprehensive 28 page custody and visitation agreement. The agreement specifies that all visitation with Mr. Fishman shall be supervised by an employee of the court. Ms. Elliot has been the social worker who has attempted to mediate and mend this family, as well as supervise all visitation interactions. To further elaborate all visitation days will consist of Ms. Solomon conveying the children to Mr. Fishman's residence and leaving them curbside with Ms. Elliot. Ms. Elliot will then convey the children back to Ms. Solomon at [REDACTED]. If for whatever reason Ms. Solomon cancels a visitation arrangement (which is permitted), she is responsible for making up the time allotted on another date. Due to a dispute that occurred at the last visitation session and in Ms. Elliot's presence, it was agreed upon to cancel the visitation for 15 Dec 18 due to the children's best interest.

On this date at approximately 0930Hrs Ms. Elliot arrived at Ms. Solomon's residence unexpectedly. Ms. Elliot stated she was there on behalf of Mr. Fishman, and he was requesting to speak and see the children. Ms. Solomon stated she was quite stunned by the occurrence and demand. Ms. Solomon also stated that Ms. Elliot is allowing Mr. Fishman to violate the order in her presence. While speaking to Ms. Elliot is when Ms. Solomon observed Mr. Fishman proceed by the house and attempt interaction with their son Jonah. Mr. Fishman then left the area driven by a woman and conveying Ms. Elliot in the same vehicle.

While on location with Ms. Solomon HQ advised me that Mr. Fishman had responded to HQ and was requesting to make a report. With all information and paperwork in hand, R/O responded to HQ to interview Mr. Fishman. At HQ, I encountered Mr. Fishman, Ms. Elliot and a third female party named Ms. Bolivar (the female driver from previously). Mr. Fishman stated he wanted to document that Ms. Solomon violated the custody order, and that he was being deprived of his rights.

Ms. Elliot was interviewed and stated that she advised Mr. Fishman that he was violating the order of protection by going to th residence. Ms. Elliot further stated that although she was in the vehicle with Mr. Fishman, at no time did she instruct him to continue with these actions that she knew were unlawful and potentially harmful to the mental welfare of the children. Ms. Elliot fully corroborated that Mr. Fishman attempted to contact J/ Solomon, Jonah, and should not have been near or in view of the residence for any reason. Ms. Elliot further displayed a text message from Mr. Fishman containing a screenshot showing a conversation he was having via text with J/ Fishman, Joanna ([REDACTED]). This text message which was dated as of this morning is in clear violation of the Stay Away and Refrain clauses of the court order.

Due to the circumstances and probable cause Lt. Wenzler and I placed Mr. Fishman into custody for Contempt. R/O advised Mr. Fishman of his constitutional rights. Sgt. Kane conducted the booking and assigned bail at \$300.00. Due to the poor health of Mr. Fishman and his inability to drive it was authorized to release him to Ms. Bolivar and assign a return date of 17 Dec 18.

